Recipient Committee Campaign Statement			Date Stamp	CALIF	CALIFORNIA 460 FORM
(Government Code Sections 84200-84216.5)				Å	
	Statement covers period from 10/18/2020	Date of election if applicable: (Month, Day, Year)		Page	1 of 8For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020	11/05/2024			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2,	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
ndidate Controlled Committee	Primarily Formed Ballot Measure Committee	Preelection Statement  Semi-annual Statement  Termination Statement		Quarterly Statement  Special Odd-Year Report  Supplemental Preelection	ment sar Report heelection
General Purnose Committee	(Also Complete Part 6)	(Also file a Form 410 Termination)	mination) low)	Statement - Attach Form 495	ach Form 495
Sponsored Small Contributor Committee O Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Added descriptions for Patino	expenses	paid by/payments made to	ade to John
3. Committee Information	I.D. NUMBER 1342332	Treasurer(s)			BRITH ION NOT
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		173	TOTAL O CLUTTE
Patino for Mayor 2024		Tom Martinez			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)			STATE	ZIP CODE	AREA CODE/PHONE
2624 Airpark Drive		Santa Maria	CA	93455	(805) 934-5737
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	ER, IF ANY		
Santa Maria CA 93455	(805) 934-5737	Trent Benedetti			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	вох	MALING ADDRESS 2151 S. College Dr., S	Ste. 101		
CITY STATE ZIP CODE	SODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Santa Maria	CA	93455	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	ESS		
tom@martinezassoc.net					
4. Verification					
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of perjury under the Jaws of the State of California that the foregoing is true and correct number of the State of the State of the State of California that the foregoing is true and correct number of the State of the Stat	ng this statement and to the best of my knov nia that the foregoing is true and correct	wledge the information contained here $\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}}$	ein and in the attache	d schedules is true	and complete. I certify
Executed on // / 800	By	Signature of Transmitter or Assistan Transmitter	Control		
Executed on 128 2021	By Signature of Cont	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Control of Responsible Officer	of Sponsor	
Executed on	By	The state of the s			3
Date		Signature of Controlling Omceholder, Candidate, State Measure Proponent	ate Measure Proponent		2
Executed on	Ág	Signature of Controlling Officeholder, Candidate, State Measure Proponent	ate Measure Proponent		FPPC Form 460 (Jan/2016)

COVER PAGE

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. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	Measure Co	ommittee	
	Œ	NAME OF BALLOT MEASURE			
Alice Patino OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayor	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
ENTIAL/BUSINESS ADDRESS (NO. AND STREET)	STATE	Identify the controlling officeholder, candidate, or state measure proponent, if any.	eholder, candic	date, or state measure pro	ponent, if any.
2624 Airpark Drive Sa	Santa Maria CA 93455	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROP	ONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	atement: List any committees or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	, N√
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	idate/Officeh for which this c	nolder Committee List. ommittee is primarily formed	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	!	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP O	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS (NO PO BOX)	CONTROLLED COMMITTEE?    YES   NO	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
STATE	ZIP CODE AREA CODE/PHONE	Attacl	n continuation	Attach continuation sheets if necessary	

ign Disclosure Statement	ary Page
oaign Dise	_
Camp	Sumr

Particular   Par	Campaign Disclosure Statement Summary Page	Amounts may be rounded to whole dollars.	froi	Statement covers period CALIFORNIA 460
Column A   Column B   Column B	S ON REVERSE		through	12/31/2020 Page 3 of 8
Column A   Column B	Vor 2024		-	I.D. NUMBER 1342332
TIONS   Schedule 8, Line 3   \$ 6,250.00   \$ 27,021.00	ns Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	를 끌 무
Schedule E, Line 4	ons	6,250.00	27,02	General Elections 1/1 through 6/30 7/1 to Date
Schedule E, Line 4 \$ 6,327.24 \$ 15,908.63	ONTRIBUTIONS	6,250.00	27,02	Contributions Received
Schedule E, Line 4	4	6,250.00		Made
Schedule H, Line 3		6,327		Expenditure Limit Summary for State Candidates
		6,32	15,90	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
E	penses (Unpaid Bills)Schedule F, Line 3	-1,317.04	0.00	Date of Election Total to Date (mm/dd/yy)
To calculate Column B, add amounts in Column A, Line 3 above	ENDITURES MADEAdd Lines 8 + 9 + 10	5,01	15,90	\$
17, 182.68	sh Statement			\$
Schedule 1, Line 4  Schedule 1, Line 4  0.00  from Column B above  0.00  from Column B above  6, 327.24  from Column B above  17, 105.44  from Lines 2, 7, and 9 (if any).			To calculate Column B, add amounts in Column A to the corresponding amounts	** Annuary most transfer and unast and transfer and the original and the o
14, then subtract Line 15 \$ 17,105.44  o. Schedule B, Part 2 \$ 0.00  ebts  e instructions on reverse \$ 0.00  ine 9 in Column B above \$ 0.00	us Increases to Cash	0.00	from Column B of your last report. Some amounts in	Amounts in this section may be different from amounts reported in Column B.
nding Debts         \$ 0.00	SH BALANCE		Column A may be negative figures that should be subtracted from previous period amounts. If this is	
Column B above \$ 0.00	Schedule B, Part		the first report being filed for this calendar year, only carry over the amounts	
₩	/alents and Outstanding Debts valents		from Lines 2, 7, and 9 (if any).	
	g Debts Add Line 2 + Line 9 in Column B above			

Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2024

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 10/18/2020

SCHEDULE A

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4

Page\_

I.D. NUMBER

1342332

12/31/2020

through.

from

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC, 31)

RECEIVED THIS PERIOD

CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

COM OTH SCC 

Sempra Energy 488 8th Ave San Diego, CA 92101

10/22/2020

DATE RECEIVED

\$1,000.00

1,000.00 G2020

1,000.00

\$250.00

G2020

250.00

TO DATE (IF REQUIRED) PER ELECTION

\$2,000.00

G2020

2,000.00

2,000.00

\$2,000.00

G2020

2,000.00

2,000.00

\$1,000.00

1,000.00 G2020

1,000.00

⊠IND COM □ OTH

Pat Cusack / TVJ Sons P. O. Box 5759 Santa Maria, CA 93456

10/23/2020

Santa Maria

Owner Honda of

Ari Sacha Nathan 2467 Pesquera Dr. Los Angeles, CA 90049

10/23/2020

Dynamic Real Estate Partners

IND COM OTH SCC

⊠ SCC

Damon Porter 1740 Westridge Road Los Angeles, CA 90049

10/23/2020

Dynamic Real Estate

Partners Owner

11/04/2020

Southwest Regional Council of Carpenters Political Action Fund (ID# 870169) 533 South Fremont Ave, 10th Floor Los Angeles, CA 90071

IND COM COTH SCC

SUBTOTAL \$

6,250.00

COM - Recipient Committee IND - Individual

6,250.00

S ↔

\*Contributor Codes

(other than PTY or SCC)

0.00

6,250.00

OTH - Other (e.g., business entity) SCC - Small Contributor Committee PTY - Political Party

> Total monetary contributions received this period.

2. Amount received this period – unitemized monetary contributions of less than \$100

Amount received this period – itemized monetary contributions.

Schedule A Summary

(Include all Schedule A subtotals.)

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www.fppc.ca.gov

#### Payments Made Schedule E

Amounts may be rounded to whole dollars.

œ ō CALIFORNIA I.D. NUMBER Page 5 Statement covers period 12/31/2020 10/18/2020 through from

1342332 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs campaign workers' salaries returned contributions voter registration TSF VOT WEB RAD SAL SAL 电极 IRS postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications petition circulating office expenses phone banks print ads SP FF F 50 8 F F independent expenditure supporting/opposing others (explain)\* contribution (explain nonmonetary)\* campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants fundraising events civic donations legal defense OMD O S S S 문문

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID	Olk
John Patino 609 Mill St. Santa Maria, CA 93458		Reimburse Expenses	1,3	1,317.04
Ben Slocum Media 698 Don Pablo Drive Santa Maria, CA 93455	RAD		80	800.00
John Patino 609 Mill St. Santa Maria, CA 93458		Reimburse Expenses	1	134.50
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	rized on S		SUBTOTAL \$ 2,2	2,251.54

# Schedule E Summary

6,263.21 5 1. Itemized payments made this period. (Include all Schedule E subtotals.)......

64.03

S

- 00.0
- 6,327.24 TOTAL \$ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded to whole dollars.

CALIFORNIA 10/18/2020 12/31/2020 through from

Statement covers period

FORM Page\_

 $\infty$ to

9

I.D. NUMBER

1342332

SCHEDULE E (CONT.

Patino for Mayor 2024

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CODES:

meetings and appearances member communications campaign paraphernalia/misc. campaign consultants O N SNS

petition circulating office expenses 

contribution (explain nonmonetary)\* civic donations

S S S

CIB

candidate filing/ballot fees

fundraising events

H R B B H

campaign literature and mailings

legal defense

polling and survey research phone banks independent expenditure supporting/opposing others (explain)\*

candidate travel, lodging, and meals staff/spouse travel, lodging, and meals RAD SAL TRC TRC VOT WEB postage, delivery and messenger services professional services (legal, accounting) print ads

transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)

t.v. or cable airtime and production costs

campaign workers' salaries

returned contributions

radio airtime and production costs

545.17 AMOUNT PAID DESCRIPTION OF PAYMENT Reimburse Expenses R CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1D. NUMBER) John Patino 609 Mill St. Santa Maria, CA 93458

Accounting

PRO

933,00

2,500.00

CNS Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455 429 El Cerrito Dr. Santa Maria, CA 93455 Teresa Menchaca 429 El Cerrito I

Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455

PRO

33,50

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

4,011.67

SUBTOTAL

### SCHEDULEF

#### Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE	through 12/31/2020	Page 7 of 8
NAME OF FILER		I.D. NUMBER
Patino for Mayor 2024		1342332
CODES. If and of the following and another describes the newment was may enter the ends. Otherwise describe the newment	transfer describe the payment	

0.00	1,317.04\$	\$0.00	1,317.04\$	\$UBTOTALS	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
00.00	1,317.04	0.00	1,317.04	Reimburse Expenses	John Patino 609 Mill St. Santa Maria, CA 93458
(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(b) AMOUNT INCURRED THIS PERIOD	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
candidate/sponsor	, describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	payment, you may enter the code. Otherwise, describe the payment.  RAD radio airtime and production of RFD returned contributions office expenses office expenses petition circulating phone banks polling and survey research polling and survey research postage, delivery and messenger services professional services (legal, accounting)  WEB information technology costs (NEB)	enter the code. Offices ces arch nessenger services egal, accounting)		CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CNC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)* POL IND independent expenditure supporting/opposing others (explain)* POS LEG legal defense  LEG legal defense  LT campaign literature and mailings

## Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

00.00

- 1,317,04 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- on the Summary Page, Column A, Line 9.) NET \$ -1,317.04 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Schedule G	
Payments Made by an Agent or Independent	Amounts may be ro
Contractor (on Behalf of This Committee)	to whole dollar

papunc

SCHEDULEG ω 5 CALIFORNIA FORM I.D. NUMBER Page 8 1342332 Statement covers period 10/18/2020 12/31/2020 through. from

> NAME OF AGENT OR INDEPENDENT CONTRACTOR Patino for Mayor 2024

John Patino

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CODES:

member communications

office expenses phone banks

OFC 웊 Ы 닖

campaign paraphernalia/misc. campaign consultants

contribution (explain nonmonetary)\* civic donations CVC SNS CHB

candidate filing/ballot fees 2

independent expenditure supporting/opposing others (explain)\* fundraising events 2

campaign literature and mailings legal defense

POS 34

TSF VOT WEB RAD RFD SAL TRS RC 世 polling and survey research meetings and appearances petition circulating

postage, delivery and messenger services professional services (legal, accounting) print ads

transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions

radio airtime and production costs

voter registration information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BuildAsign.com 11525A Stonehollow Dr, Suite 100 Austin, TX 78758	CMP		545.17

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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545.17

TOTAL\* \$